

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003909

FILED
Feb 02, 2005
Secretary of State

Entity Name: RENAISSANCE HEALTH FOUNDATION, INC.

Current Principal Place of Business:

227 BLUE CREEK DRIVE
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

227 BLUE CREEK DRIVE
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 04-3673461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NISSEN, DAVID C
227 BLUE CREEK DRIVE
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: NISSEN, TIMOTHY D
Address: 724 CARRIAGE HILLS COURT
City-St-Zip: AUGUSTA, GA 30907

Title: DIR () Delete
Name: ATKINS, CORINNE
Address: 28 SABINS LANE
City-St-Zip: NORTH CHATHAM, MA 02650

Title: DIR () Delete
Name: KACHMARIK, JENIFFER
Address: 6526 SAINT PARTIN PLACE
City-St-Zip: ORLANDO, FL 32812

Title: DIR () Delete
Name: NISSEN, DAVID C PRES
Address: 227 BLUE CREEK DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DIR () Delete
Name: KACHMARIK, GEORGE S VP
Address: 6526 SAINT PARTIN PLACE
City-St-Zip: ORLANDO, FL 32812

Title: DIR () Delete
Name: CLEARY, STEVEN
Address: 1421 TOMAHAWK LANE
City-St-Zip: OLATHE, KS 66062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID NISSEN

DIR

02/02/2005

Electronic Signature of Signing Officer or Director

Date